

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MS</i>		2-1-00
O.I.P.E. CLASSIFIER	<i>MS</i>	45	2/15/02
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		64694	4-7

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### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral) ..... Canceled    A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
1	03/10/02
2	03/10/02
3	03/10/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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